

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

·	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		·
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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50							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY